

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 18 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18375

Registration District No. 325

Primary Registration District No. 6099

Registrar's No.

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Queen city (Rural) Davis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 87 yrs. (Specify whether years, months or days)
In this community: 87 yrs.

3. (a) PRINT FULL NAME WILLIS BOWEN

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Dec. 13 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 22 If less than one day - hr. - min.

9. Birthplace Queen city Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Ernest Bowen
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Lepha Crutcher
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. R. Dierling
(b) Address Queen city, Mo.

17. (a) Burial (b) Date thereof 5-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myers Cemetery

18. (a) Signature of funeral director Wm. J. Drake
(b) Address Queen city, Mo.

19. (a) May 11 - 48 (b) Wm. J. Drake
(Date received local registrar) (Registrar's signature) or 5-3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler 98
(c) City or town Queen city (Rural) 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. - (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-5 day 8 year 1948 hour 8 minute 45 AM

21. I hereby certify that I attended the deceased from June 1948 to May 1948
that I last saw him alive on 5-5-48, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to age

Due to -

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 16 2 17

Of autopsy -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -
(b) Date of occurrence -
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? -

While at work? - (Specify type of place) (e) Means of injury 2

23. Signature Wm. J. Drake (M.D. or other) 2
Address Queen city, Mo. Date signed 5-6-48

RECEIVED
District Health Officer No. *H*
District File Number *5-48-890*
Date Filed *MAY 17 1948*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *Self*
....., Registered Apprentice No.
working under my personal supervision.

Signed *Wm H West*

Licensed Embalmer No. *2882*

P. O. Address *Quincy Ill*

(Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.